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SUPPLEMENT 3 TO ATTACHMENT 2.6-A
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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARE

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

N/A

TN No. SP-226

Supersedes

TN No. New

Approval Date _____

Effective Date JUL 1 1985

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